STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST REST HOME	3277 HWY 35 WOODLAND, NC 27897

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Northampton County Department of Social Services conducted an annual survey and complaint investigation on 05/15/24 and 05/16/24. The Northampton County Department of Social Services initiated the complaint investigation on 04/29/24.	D 000		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the implementation of physician's orders for 1 of 3 sampled residents (#1) with orders for finger stick blood sugar (FSBS) checks once weekly. The findings are: Review of Resident #1's current FL2 dated 03/14/24 revealed: -Diagnoses included diabetes mellitus, dysphagia, hearing loss, hyperlipidemia, sleep apnea, atrial fibrillation, and carcinoma of sigmoid colon. -There was an order to call the MD if blood sugar was above 400. -Collection and testing of fingerstick blood glucose (FSBS) samples was weekly.	D 276		

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D 276	Continued From page 1 Review of Resident #1's Licensed Health Professional Support (LHPS) on 03/09/24 revealed there was a task for collecting and testing fingerstick blood sugar samples. Review of Resident #1's administration history of blood sugar checks revealed: -Resident #1's FSBS was 128 on 03/01/24. -There was no weekly FSBS collected for 03/02/24 to 03/31/24. -There was no weekly FSBS collected for 04/01/24 to 04/30/24. -There was no weekly FSBS collected for 05/01/24 to 05/15/24. Review of Resident #1's electronic Medication Administration Record (eMAR) for March 2024 revealed there was no entry FSBS. Review of Resident #1's electronic eMAR for April 2024 revealed there was no entry FSBS. Review of Resident #1's electronic eMAR for May 2024 revealed there was no entry FSBS. Interview with the medication aide (MA) on 05/15/24 at 3:45pm revealed: -Resident #1's FSBS was completed weekly on Friday. -She had completed FSBS for Resident #1 and documented the results on the eMAR. -She did not know why the FSBS results were not showing on the eMAR. -Resident #1's FSBS had not been out of range. Interview with the hospice provider Clinical Manager on 05/15/24 at 4:50pm revealed: -Resident #1's FSBS was not a primary focus of his hospice care.	D 276		

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D 276	Continued From page 2 -The facility had reported any abnormal FSBS reading for Resident #1. Interview with Resident #1's PCP on 05/16/24 at 10:29am revealed: -Resident #1 was last seen on 12/06/23 and has an appointment scheduled on 06/06/24. -There was an order for weekly FSBS for Resident #1. -There was an order for the PCP to be contacted if Resident #1's FSBS was below 70 and over 400. Interview with the Resident Care Coordinator (RCC) on 05/16/24 at 9:04am revealed: -The eMAR was set up to document Resident #1 FSBS weekly. -The eMAR was the only system used to track FSBS for residents. -There was an issue with the eMAR as to why the FSBS did not register when documented. -Resident #1's FSBS were sent to his PCP per the order. -The MAs were responsible for completing Resident #1's FSBS and documenting the FSBS in the eMAR. Interview with the Assistant Administrator on 05/16/24 at 9:05am revealed: -There was an issue with the eMAR properly documenting FSBS. -The MAs were to complete FSBS as ordered. -The RCC was responsible for ensuring the eMAR was updated with all PCP orders. Based on observations and interviews, it was determined Resident #1 was not interviewable.	D 276		

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D 280	Continued From page 3	D 280		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure Licensed Health Professional Support (LHPS) evaluations were completed quarterly for 2 of 3 (#1, #3) sampled residents with tasks that included fingerstick blood sugar testing (#1, #3) , ambulation using an assistive device (#1,#3) and medication administered by injection (#3). The findings are:	D 280		

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D 280	Continued From page 4 1. Review of Resident #3's current FL-2 dated 01/15/24 revealed: -Diagnoses included diabetes and chronic pain. -She was ambulatory. -She was intermittently disoriented. -There was an order for finger stick blood sugar checks to be completed three times each day before meals. -There was an order for Lantus 16 units to be administered each day at lunch. (Lantus is a long-acting insulin that is administered by injection and used to control blood sugar levels.) -Humalog was to be administered three times daily before each meal per sliding scale coverage. (Humalog is a short-acting insulin that is administered by injection and used to decrease blood sugar levels.) Review of Resident #3's current Care Plan dated 12/06/23 revealed: -Resident #3 was sometimes disoriented. -She required finger stick blood sugar monitoring. -She received medications by injection. -Staff assist and supervise the use of a rollator walker. Review of Resident #3's LHPS evaluation dated 03/08/24 revealed: -Tasks included collection and testing FSBS, medications administered by injection and ambulation using assistive devices that required physical assistance. -There was documentation Resident #3 had a decline in mental status, was more apathetic and required more prompting to eat and engage in activities. -Staff continued to assist with ambulation. Review of Resident #3's LHPS dated 06/14/23 revealed:	D 280		

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D 280	Continued From page 5 -Tasks included collection and testing FSBS, medications administered by injection and ambulation using assistive devices that required physical assistance. -There was documentation Resident #3 had a history of diabetes and staff checked her FSBS per physician's order. -There was documentation that Resident #3 received Lantus by injection each day at lunch and received humalog per sliding scale. -There was documentation Resident #3 used a rollator with minimal assistance from staff. Interview with Resident #3 on 05/15/24 at 4:00pm revealed: -She used a rollator for ambulation. -Staff checked her fingerstick blood sugar before each meal and she sometimes needed an injection because her blood sugar sometimes ran high. -She got an injection for her blood sugar every day at lunch time. Interview with the Facility Manager on 05/15/24 at 12:07pm revealed there was no LHPS evaluation for any date between 06/14/23 and 03/08/24 for Resident #3. Refer to interview with the Resident Care Coordinator (RCC) on 05/16/24 at 9:00am. Refer to interview with the Facility Manager on 05/15/24 at 12:07pm. Refer to telephone interview with the Administrator on 05/15/24 at 4:23pm. 2. Review of Resident #1's current FL2 dated 03/14/24 revealed: -Diagnoses included diabetes mellitus,	D 280		

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dysphagia, hearing loss, hyperlipidemia, sleep apnea, atrial fibrillation, and carcinoma of sigmoid colon.
-Resident #1 was semi-ambulatory.
-Resident #1 was incontinent with bladder and bowel.
-Collection and testing of fingerstick blood glucose (FSBS) samples was weekly.

Review of Resident #1's License Health Professional Support (LHPS) dated 01/13/23 revealed there was a task for collection and testing of fingerstick blood glucose (FSBS).

Review of Resident #1's LHPS dated 04/14/23 revealed there was a task for collection and testing FSBS.

Review of Resident #1's LHPS dated 03/14/24 revealed:
-There was a task for collection and testing FSBS.
-There was a task for ambulation using assistive devices that required physical assistance.

Refer to interview with the Resident Care Coordinator (RCC) on 05/16/24 at 9:00am.

Refer to interview with the Facility Manager on 05/15/24 at 12:07pm.

Refer to telephone interview with the Administrator on 05/15/24 at 4:23pm.

_____

Interview with the Resident Care Coordinator (RCC) on 05/16/24 at 9:00am revealed:
-She worked every other weekend and tried to go through charts to ensure paperwork, including LHPS evaluations were completed and up to date.

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D 280	Continued From page 7 -The Administrator was responsible for completing the LHPS evaluations. -She called the Administrator to let her know that many of the LHPS evaluations had not been completed in February 2024. -The Administrator told her she would go to the facility and complete the evaluations as soon as she could. -The Facility Manager made arrangements with another nurse to get them completed. Interview with the Facility Manager on 05/15/24 at 12:07pm revealed: -The Administrator was the LHPS nurse for the facility and was responsible for completing the LHPS evaluations. -She discovered LHPS were not completed quarterly for residents when she conducted chart audits. -She contacted a Registered Nurse that volunteered to complete the LHPS for the residents that needed an LHPS completed. Telephone interview with the Administrator on 05/15/24 at 4:23pm revealed: -She was the LHPS nurse for the facility until recently; She was unsure when the other nurse took over the responsibility of completing the tasks. -She could not get out to complete the LHPS as often as she should due to other responsibilities but she thought most were up to date.	D 280		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic	D 296		

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D 296	Continued From page 8 diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff.	D 296		

This Rule is not met as evidenced by:
Based on observations, record reviews, and interviews, the facility failed to ensure therapeutic diets were served as ordered for 2 of 5 sampled residents with a diet order for chopped meats and mechanical soft diets (#1 and #4).

The findings are:

Review of the diet breakfast menu for 05/15/24 revealed the breakfast meal to be served was hot/cold cereal, egg of choice, sausage patty, toast, jelly banana, milk, 8 ounces vitamin C fortified juice and coffee.

Review of the diet lunch menu for 05/15/24 revealed the lunch meal to be served was roasted chicken, garlic mashed potatoes, sweet corn, biscuit, ice cream sandwich, milk, and beverage of choice.

Observation of the kitchen on 05/15/24 at 8:58am revealed there was not a therapeutic diet menu posted.

1. Review of Resident #1 FL2 dated 03/14/24 revealed Resident #1 diet order was chopped.

Observation of the breakfast meal on 05/15/24 at 8:19am revealed:
-Resident #1 was served a breakfast sandwich of

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fried egg, sausage patty, 2 slices of toast, oatmeal, coffee, and cranberry juice.
-Resident #1 breakfast sandwich was not chopped or cut into small pieces.
-Resident #1 did not eat the toast or sausage patty.
-Resident #1 used his fork to cut the fried egg before eating.

Observation of the lunch meal on 05/15/24 at 12:10pm revealed:
-Resident #1 was served 2 pieces of fried fish, sliced stewed potatoes, coleslaw, hushpuppies, tea and water.
-Resident #1 lunch meal was not chopped or cut.
-Resident #1 used his fork to cut the fish.
-Resident #1 did not eat the coleslaw.
Observation of the lunch meal on 05/15/24 at 12:10pm revealed:
-Resident #1 was served, 2 pieces of fried fish, sliced stewed potatoes, coleslaw, hushpuppies, tea, and water.

Interview with the Cook on 05/15/24 at 8:16am revealed Resident #1's food was to be chopped.

Telephone interview with Resident #1 Primary Care Physician's Nurse on 05/16/24 at 10:29am revealed:
-Resident #1 diet order was for generalized chopped meals.
-Resident #1 had swallowing issues and having his food chopped would likely prevent him from choking on his food.

Refer to the interview with the Cook on 05/15/24 at 12:18pm.

Refer to the interview with the Kitchen Manager on 05/16/24 at 11:08am.

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D 296	Continued From page 10 Refer to the interview with the Resident Care Coordinator at 05/16/24 9:04am. Refer to the interview with the Facility Manager on 05/15/24 at 3:31pm. Refer to interview with the Administrator on 05/15/24 at 4:23pm. 2. Review of Resident #4's current FL-2 dated 05/12/24 revealed diagnosis included a history of stroke, Huntington's disease and involuntary jerky movements. Review of Resident #4's current diet order dated 08/11/23 revealed Resident #4 was to receive a mechanical soft diet and both chopped and ground were checked for inclusion. Observation of the breakfast meal on 05/15/24 at 8:25am revealed: -Resident #4 was served served a breakfast sandwich of fried egg, sausage patty, 2 slices of orange juice and water. -Resident #4 used a weighted fork to eat her meal. -Resident #4 breakfast sandwich was not chopped or cut into small pieces. -Resident #4 consumed at least ¾ of the breakfast sandwich. Observation of the lunch meal on 05/15/24 at 12:12pm revealed: -Resident #4 was served, 2 pieces of fried fish, sliced stewed potatoes, coleslaw, hushpuppies, tea, and water. -Resident #4 lunch meal was not chopped or cut. -Resident#4 had not tried to eat the fried fish her lunch meal until the Cook cut Resident #4's fish	D 296		

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into small pieces.

Observation of Resident #4 on 05/16/24 at 10:34am revealed she was given 2 sugar wafer cookies for snack by the Personal Care Aide (PCA).

Interview with Resident #4 on 05/16/24 at 8:45am revealed:
-Staff would sometimes cut her food up for her.
-Her meals were not ground up or chopped.

Interview with the Cook on 05/15/24 at 8:16am revealed Resident #4's food was to be chopped.

Interview with the PCA on 05/16/24 at 10:42am revealed:
-All residents receive the same snacks and meals.
-There were no residents in the facility that were ordered a modified texture diet however, there were times that food was cut up for the residents.

Interview with Resident #4's hospice nurse on 05/16/24 at 10:50am revealed:
-A mechanical soft diet was one step above a pureed diet consistency.
-The mechanical soft food should be soft and may contain some soft bits.
-Resident #4 had dysphagia (difficulty swallowing) due to Huntington's disease and a regular diet was not recommended.
-Resident #4 should receive the ordered texture modification because she could aspirate.

Attempted telephone interview with Resident #4's primary care provider (PCP) on 05/16/24 at 11:07am was unsuccessful.

Refer to the interview with the Cook on 05/15/24

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D 296	Continued From page 12 at 12:18pm. Refer to the interview with the Kitchen Manager on 05/16/24 at 11:08am. Refer to the interview with the Resident Care Coordinator at 05/16/24 9:04am. Refer to the interview with the Facility Manager on 05/15/24 at 3:31pm. Refer to interview with the Administrator on 05/15/24 at 4:23pm. _____ Interview with the Cook on 05/15/24 at 12:18pm revealed: -She knew from memory of the residents who had special diets of chopped meals. -She had not received training on how to prepare therapeutic diets. -She asked the residents if they needed their food cut after serving it and she would cut their food. -She did not have the diet orders to reference. -She received guidance from the Kitchen Manager on how therapeutic diets are prepared. -The lunch for 05/15/24 was donated and the posted meal was not followed. Interview with the Kitchen Manager on 05/16/24 at 11:08am revealed: -She was trained on preparing therapeutic diet orders. -She trained the Cook on how to prepare therapeutic diet orders. -Residents who had chopped diet orders meal was to be chopped before leaving the kitchen and being served. -If the meals were not prepared per the physician diet order, the resident risk choking on their food.	D 296		

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D 296	Continued From page 13 Interview with the Resident Care Coordinator on 05/16/24 at 9:04am revealed: -Resident #1 had phlegm buildup at times and made swallowing difficult. -Resident #4 was to be chopped especially her meats because she eats fast. -Resident #4 had not displayed any choking issues in a long time. -The dietary staff were to prepare all residents meals per the diet orders. Interview with the Facility Manager on 05/15/24 at 3:31pm revealed she was not aware there were any residents in the facility that were ordered a modified texture diet. Telephone interview with the Administrator on 05/15/24 at 4:23pm revealed: -She was not familiar with why residents had therapeutic diet orders. -Residents should be served the diet that is ordered by the physician. -Diets were ordered as they are for a reason and she would not want anyone to choke.	D 296		
D 309	10A NCAC 13F .0904(e)(3) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (3) The facility shall maintain a current listing of residents with physician-ordered therapeutic diets for guidance of food service staff.	D 309		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 309	Continued From page 14 This Rule is not met as evidenced by: Based on observations, record review and interviews the facility failed to maintain a current listing of residents with physician ordered therapeutic diets for guidance of food service staff. The findings are: Observation of the kitchen on 05/15/24 at 8:16am revealed there was not a list of physicians ordered therapeutic diets posted for staff to reference. Observation of the kitchen on 05/16/24 at 11:08am revealed there was not a list of physicians ordered therapeutic diets posted for staff to reference. Interview with the Cook on 05/15/24 at 8:16am revealed: -There was not a list of residents on therapeutic diets posted in the kitchen. -There was a binder used for keeping up with the residents' therapeutic diets, but she did not know where it was kept. -There were two residents who had chopped diets orders. -She knew their diet orders from memory. -The Kitchen Manager was responsible for maintaining the binder with the residents' therapeutic diets. Interview with the Kitchen Manager on 05/16/24 at 11:08am revealed: -Residents' diet orders were not posted but were kept in a binder and placed in the cabinet. -All kitchen staff had access to the binder and	D 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL066001	A. BUILDING: _____ B. WING _____	05/16/2024

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D 309	Continued From page 15 knew where it was kept. Interview with the Resident Care Coordinator on 05/16/24 at 9:04am revealed: -She provided the kitchen staff with all new and updated diet orders. -The diets orders were kept in a binder instead of being posted. -The kitchen staff were responsible for knowing where the diet order binder was kept. Interview with the Administrator in Training on 05/16/24 at 9:06am revealed: -The diet orders were kept in a binder for the dietary staff. -It was the responsibility of the dietary staff to know where the dietary order binder was kept.	D 309		